



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:	Hoffman et al.)	
)	
SERIAL No.:	09/924,862)	ART UNIT
)	1745
FILED:	August 8, 2001)	
)	EXAMINER:
)	Cantelmo, Gregg
FOR:	ELEMENT SLEEVE)	

AMENDMENT AFTER FINAL REJECTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the office action dated January 14, 2004, applicant responds as follows:

I certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop A F Commissioner for Patents, Alexandria, VA 22313-1450

09-MAR-2004

(Date of Deposit)


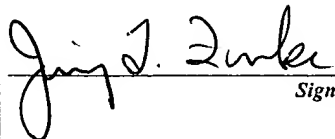

BRENDA D. CHAMBERS

(Name of Person Mailing Paper)

Brenda D. Chambers
Signature

Image

AF
1745

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DP-304542	
Applicant(s): Hoffman, et al.					
Serial No. 09/924,862	Filing Date August 8, 2001	Examiner Gregg Cantelmo		Group Art Unit 1745	
Invention: ELEMENT SLEEVE					
 <u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	24 -	26 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	4 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0831 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: 09-MAR-2004		
Jimmy L. Funke Reg. No. 34,166 Customer No. 22851 P.O. Box 5052 M/C 480-410-202 Troy, MI 48007 Phone: 248-813-1214			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on <u>09-MAR-2004</u> with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><div style="text-align:center"> Signature of Person Mailing Correspondence BRENDA D. CHAMBERS Typed or Printed Name of Person Mailing Correspondence</div></div>		
cc:					